



Department of Housing & Family Services
Louisville Metro Community Action Partnership
810 Barret Avenue
Louisville, KY 40204
PHONE: 502.574.1157 • FAX: 502.574.1246
www.louisvilleky.gov

April 21, 2011

Dear Customer:

Louisville Metro Community Action Partnership would like to thank you for your interest in the CAP CARES Program. This program is designed to assist residents with all of their eye care needs including vision screenings, glasses, and contacts. Also dental needs such as exams, extractions, and fillings may be provided to those who are income eligible. We believe that improving access to health services will greatly improve the quality of life for all citizens.

In order to be considered for this program, please complete the enclosed application and provide copies of the following items:

- Picture ID for the adult head of household
- Social Security cards for all members of the household
- Proof of income for the previous month (household income must be within 125% of the federal poverty guidelines as listed on the chart below)
- Insurance card(s) for applicant, including Passport

Funds for this program are limited and services will be provided on a first come, first served basis. Payment for services will be made directly to the vendor, not to the household receiving services.

Completed applications and supporting documentation should be mailed or dropped off to the following address by close of business day on May 18, 2011.

Louisville Metro Community Action Partnership
Attn: Nicole Schaftlein
810 Barret Ave, Room 237
Louisville, KY 40204

Please call me at 574-5250 if there are any questions.

Sincerely,

Nicole Schaftlein
Education, Training, and Employment
Social Service Program Coordinator

| Income Guidelines | | |
|----------------------|---------------------|--------------------|
| Persons in Household | 125% Monthly Income | 125% Annual Income |
| 1 | \$1,134.38 | \$13,612.50 |
| 2 | \$1,532.29 | \$18,387.50 |
| 3 | \$1,930.21 | \$23,162.50 |
| 4 | \$2,328.13 | \$27,937.50 |
| 5 | \$2,726.04 | \$32,712.50 |
| 6 | \$3,123.96 | \$37,487.50 |
| 7 | \$3,521.88 | \$42,262.50 |
| 8 | \$3,919.79 | \$47,037.50 |



Greg Fischer
Mayor
Louisville
Metro Council



**Louisville Metro Department of Housing & Family Services
Community Action Partnership
CAP CARES APPLICATION**

| APPLICANT INFORMATION | | |
|---|----------------------------|--|
| Applicant Name | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Address | | Zip Code |
| Phone | Alternate Phone | Date of Birth / / |
| EMPLOYMENT INFORMATION | | |
| Name of Employer | | Dates Employed |
| INSURANCE INFORMATION | | |
| Do you currently have health insurance which covers vision or dental? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please list your current health care provider or insurance type (including Passport) | | |
| *Please include a 250 word essay explaining in detail your need for dental or vision services and how these services will benefit you. | | |
| CHECK LIST | | |
| <p align="center">PLEASE ATTACH THE FOLLOWING:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Proof of household's gross income for previous month </div> <div style="width: 50%;"> <input type="checkbox"/> Insurance cards (as applicable) </div> <div style="width: 50%;"> <input type="checkbox"/> Proof of household size (copies of Social Security cards for all household members) </div> <div style="width: 50%;"> <input type="checkbox"/> Picture ID for head of household </div> <div style="width: 50%;"> <input type="checkbox"/> Completed application </div> <div style="width: 50%;"> <input type="checkbox"/> Completed essay as described above </div> </div> | | |
| SIGNATURE | | |
| I confirm the information on this application is accurate and complete to the best of my knowledge. I understand that incomplete documentation or failure to submit all required forms listed in the instructions will disqualify the applicant. | | |
| Applicant Signature | | Date |
| INCOME/HOUSEHOLD VERIFICATION | | |
| Household Size | Household Annual Income \$ | Income Verification Used |
| Staff Signature | | Date |

Return application and supporting documentation by mail or in person by close of business day on May 18, 2011 to Community Action Partnership; Attn: Nicole Schaftlein; 810 Barret Avenue, Room 237; Louisville, KY 40204; (502) 574-5250. Funds for this program are limited and services will be provided on a first come, first served basis.

This project is funded, in part, under a contract with the Cabinet for Health and Family Services with funds from the Community Services Block Grant Act of the U.S. Department of Health and Human Services.